

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Blood Banks
Managed Care Organizations

Memorandum No: 06-09
Issued: March 2, 2006

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information, contact:
800.562.3022

Subject: Blood Bank Services: Fee Schedule Change

Retroactive for dates of service on and after January 1, 2006, Health and Recovery Services Administration (HRSA) has revised the fee schedule for Blood Bank Services.

What has changed?

HRSA has revised the maximum allowable fee for procedure code J1550 to \$116.33.

Do I need to rebill?

No, the error was in the fee schedule only. The MMIS system is paying the correct maximum allowable fee.

Replacement Pages to Billing Instructions

Attached are replacement pages 17-18 for HRSA's current *Blood Bank Services Billing Instructions*.

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

How can I get HRSA's provider documents?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

Injectable Drugs and Anti-Hemophilic Factors

Procedure Code/ Modifier	Brief Description	1/1/06 Maximum Allowable Fee
J0850	Injection, cytomegalovirus immune globulin intravenous (human), per vial	\$721.41
J1460	Injection, gamma globulin, intramuscular, 1 cc	11.63
J1470	Injection, gamma globulin, intramuscular, 2 cc	23.27
J1480	Injection, gamma globulin, intramuscular, 3 cc	34.88
J1490	Injection, gamma globulin, intramuscular, 4 cc	46.53
J1500	Injection, gamma globulin, intramuscular, 5 cc	58.16
J1510	Injection, gamma globulin, intramuscular, 6 cc	69.86
J1520	Injection, gamma globulin, intramuscular, 7 cc	81.35
J1530	Injection, gamma globulin, intramuscular, 8 cc	93.06
J1540	Injection, gamma globulin, intramuscular, 9 cc	104.80
J1550	Injection, gamma globulin, intramuscular, 10 cc	116.33
J1560	Injection, gamma globulin, intramuscular, over 10 cc	116.25
J1563	IV immune globulin <i>deleted 1/1/06 (see J1566-J1567)</i>	42.04
J1564	Immune globulin 10 mg <i>deleted 1/1/06 (see J1566-J1567)</i>	0.42
J1565	Injection, respiratory syncytial virus immune globulin, intravenous, 50 mg (Respigam only)	16.18
J1566	Immune globulin, powder	22.22
J1567	Immune globulin, liquid	28.36
J1670	Injection, tetanus immune globulin, human, up to 250 units	90.80
J2597	Inj desmopressin acetate	2.58
J2790	Injection, Rho D immune globulin, human, one dose package	88.40
J2792	Injection, Rho D immune globulin, intravenous, human solvent detergent	13.66
J7188	Injection, Vonwillebrand factor, IU	0.87
J7189	Factor VIIA, per mcg	1.04
J7190	Factor VIII	0.66
J7191	Factor VIII (porcine)	1.86
J7192	Factor VIII recombinant	1.06

BR (By Report) – Services with a **BR** (by report) indicator with billed charges of \$1,100 or greater require a detailed report for payment purposes. You must attach the report to your claim. **DO NOT** attach a report to your claim for services with a BR indicator with billed charges under \$1,100 unless requested by HRSA.

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Blood Bank Services

Procedure Code/ Modifier	Brief Description	1/1/06 Maximum Allowable Fee
J7193	Factor IX non-recombinant	0.89
J7194	Factor IX complex	0.68
J7195	Factor IX recombinant	0.99
J7197	Antithrombin III injection	1.66
J7198	Anti-inhibitor	1.30
Q0187	Factor VIIA (coagulation factor, recombinant) per 1.2 mg <i>deleted 1/1/06</i> (see J7189)	\$1,227.51
Q2022	VonWillebrandFactorCmplxperIU <i>deleted 1/1/06</i> (see J7188)	0.87
Q9941	IV immune globulin lyophil 1G <i>deleted 1/1/06</i> (see J1566)	42.04
Q9942	IV immune globulin lyophil 10 mg <i>deleted 1/1/06</i> (see J1566)	0.42
Q9943	IV immune globulin non lyophil 1G <i>deleted 1/1/06</i> (see J1567)	55.93
Q9944	IV immune globulin non lyophil 10mg <i>deleted 1/1/06</i> (see J1567)	0.56
J3490	Unclassified Drug	Acquisition Cost



Note: Claims billed with unlisted drug code J3490 *must* include the 11 digit National Drug Code (NDC) and the dosage of the drug given, in the *Comments* section of the claim form. In addition, billed units **must equal one (1)**.

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